

HOUSE CALL

intercommunity hospital

Vol. 4 No. 3

Intercommunity Hospital

Autumn, 1980

*'Before I tell you this, honey,
I love you very much
They found another baby!'*



They may have been five weeks premature, but Terra, Treva and Brandon were already a 13-pound armful for their parents Teresa and Tom Skirvin.

Congratulations it's a girl .

The chances of having triplets is one in 9,000 but on June 9 Teresa Skirvin beat the odds by giving birth to Terra, Brandon and Treva at Intercommunity Hospital. The first triplets born at ICH in a decade arrived about five weeks prematurely and weighed between 4 pounds 3 ounces and 4 pounds 9 ounces.

A well-trained welcoming committee of three physicians, seven nurses and a respiratory therapist were on hand to assist, and of course, the father, Tom, was in the delivery room to greet his babies.

"Terra came first," recalled Teresa. "We'd better get at least one boy out of this," said Tom, feeling outnumbered by females. The Skirvins have a three-year-old daughter, Tori. Next came Brandon, and Tom was really excited, Teresa remembers. "He went and got Brandon from the nurse and just kept holding his boy. He was beside himself."

"I was glad that all three were so lively and spunky, considering they were premature," Teresa said. The Skirvins had known six weeks in advance to expect three babies. Three months along in Teresa's pregnancy, an ultrasound exam had shown twins. Teresa had returned at seven months for another ultrasound to check their progress, and a third baby was discovered.

"I couldn't believe it," Teresa recalled. I thought at first maybe it was some kind of double exposure showing two heads pointing down and one up high. I half laughed, half cried. I was happy, but upset, wondering how I was going to handle three. I worried about how Tori would react to having three babies competing with her. But once I set my mind to it, I accepted it."

"I called Tom from the hospital and said, 'Before I tell you this, honey, I love you very much.' Then I said, 'they found another baby.'"

"Tom didn't understand. He said, 'Where?' and thought I was talking about somebody else. Then he said, 'In you? Oh, no! If they find any more babies, don't come home.'"



"I had a hard enough time getting used to the idea of having twins," Tom said. "I didn't believe Teresa when she called me from the hospital. I thought she was kidding."

Within 12 days after the triplets' birth, they were at home sharing a crib and bassinet in their pastel rainbow-wallpapered room. Now, at three months old, the babies weigh about 10 pounds each, are smiling, rolling over and displaying individual personalities.

"Terra, the first-born, is the most aggressive and demanding of attention," says Teresa. "She'll cry to be picked up, then immediately her tears dry up and she's all smiles. Brandon always likes to be close to his mom. He wants his paci for security and needs to be coaxed a little to smile. Treva is just her placid, sweet self, no trouble at all."

The growing threesome eat every three hours during the day and awaken at 2 a.m.

to be fed, then arise at 5 a.m. "They nap during the afternoon, but one is almost always awake," says Teresa. Part of Teresa's weekly routine is doing at least 27 washer loads of laundry. A diaper service supplies 180 diapers a week, and Teresa estimates the triplets use a total of 250 diapers weekly.

In spite of having monumental stacks of clothes to fold, Teresa keeps a tidy house. She does have unique problems keeping track of three infants. "I used to line them up on the sofa and do some housework. I'd come in the living room and find one missing. Then I'd see Tori carrying a baby down the street."

"I have a tendency to pick up one at a time and carry them with me, leaving them all over the house. Then I'd hear one and have to search through the rooms to find the one that was crying."

As Terra, Brandon and Treva grow

. . and a boy . . . and a girl



more active, they're demanding more attention, notes Teresa. Tom's parents live nearby and are able to babysit, and members of the Skirvin's church congregation take over occasionally to give Teresa a rest. "Once a month, the church women take all the kids from 2 to 9 p.m. so Tom and I can have some time together," says Teresa, who appreciates the break in her increasingly hectic schedule.

Friends and strangers in the community have shown concern for the young couple by contributing clothing, gift certificates and by setting up a trust fund at the Fairfield Bank of America (N. Texas St. Branch) for the triplets.

Tom pitches in with the diapering, feeding, burping and bedding down of their babies after his day's work as a journeyman welder at Mare Island. "It takes a lot of patience" and sometimes resorting to earplugs to make it through the day, jokes Teresa.



Newborn Skirvin triplets, (above left) Terra, Brandon and Treva, arrived five weeks early, collectively weighing about 13 pounds. (Below) at three months, the triplets are an armful for Teresa, even with three-year-old Tori's help.

COMMENTARY



Fitness: It's par for the course in Vacaville

Good Health is its own reward, but we think there should be some recognition for the enthusiasts who go that extra mile to encourage the rest of us to develop healthy living habits too. Let's start one. Call it The Golden Carrot Award.

Our first nominee, in any case, is the Vacaville Recreation Department and the community supporters who are making the city a better place for walkers, joggers and other fitness fanciers.

Through its Rec Department, the City coordinated construction of Vacaville's first par course with a \$6,500 donation from Basic Vegetable Products, Inc. Youth from the California Conservation Corps installed the 2.1 mile Par-course Fitness Circuit.

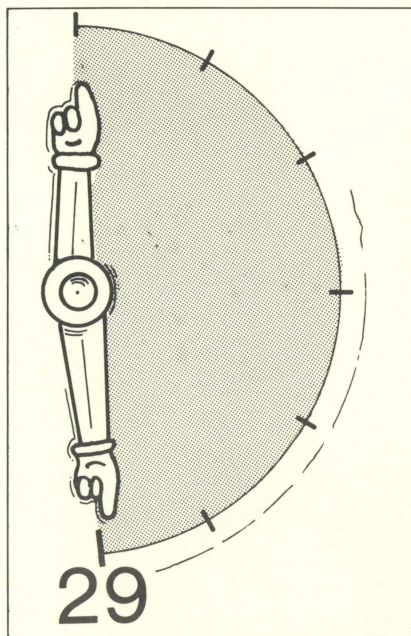
Now walkers and joggers can stop at the 18 exercise stations along the route from Butcher Road to the Pena Adobe and back. Instructions at the stops detail stretching and warm-up exercises followed by 10 exercises designed to stress the cardio-vascular system and completed by a few cool-down exercise stops.

This European par course concept came to the U.S. in 1973 and is gaining acceptance as a way to interest a wide range of people in outdoor fitness. The course is designed to instruct beginners and challenge long-time joggers with exercises from easy to difficult.

With its first par course in regular use, Vacaville is about to get a second, smaller course. The Vacaville Rotary Club plans to donate funds for a nine-station par course at Andrews Park that is scheduled for construction this month.

What's more, Vacaville Recreation Director Ron Mikalis tells us, a local Eagle Scout looking for a neighborhood project, has measured the likely running and walking paths in Vacaville's neighborhood parks. Visitors will see the resulting signs at park entrances that indicate, for example, "Three times around the park equals one mile."

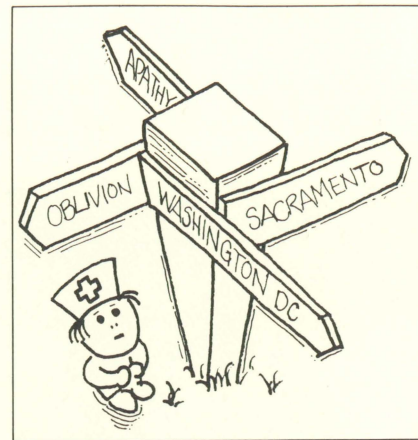
We think that hikers, joggers and other friends of fitness are lucky to have such good facilities available. To the corporations, clubs, agencies and individuals who are making that possible, we tip our hat.



We work 29 minutes for health care

Let's put hospital costs into perspective. The Tax Foundation, Inc., estimates that Americans work 29 minutes of an eight-hour day to pay for health care. Now compare that to such other expenses as clothing (22 minutes), transportation (41 minutes), food and drink (61 minutes) and housing (89 minutes).

The big consumer is taxes. Federal taxes demand 1 hour and 55 minutes. State and local levies take 57 minutes. Total: 2 hours and 52 minutes. This comes from the *Ryan Advisory*.



Hospitals need a strong voice today

Governor Jerry Brown seemed shocked and upset last month that hospitals are becoming political. In an address to the National Governors' Association meeting in Denver he called the business "one of the biggest rackets in America," protected by "the most powerful lobby that's ever been created."

According to the Sacramento Bee, Brown added, "When they come up to lobby in our state Capitol, it isn't just hospitals. They get the Little Sisters of the Poor, they get the Presbyterian ministers, they get the Hadassa Society, they get every religious organization, they get campaign contributors from the left and the right, and after they're finished, we retreat."

Brown's observation was not only successful in showing his intolerance, it also succeeded in emphasizing an unfortunate fact of life in the 1980's: the government and the health care professionals who once worked together to improve health care and make it available to the poor and elderly are no longer friends.

It appears that the successes of the medical realm are at the bottom of the conflict. Hospitals have done their jobs too well. For example, 15 years ago there was no such thing as kidney dialysis. In 1967 about 650 people received these treatments. Then Medicare began paying for the service, and in 1977 the number treated rose to 37,106. Government promised the services and paid for them, and the hospitals and health professionals delivered. But today the care for one kidney disease patient costs more than \$23,000 per year.

In 1981 the *American Medical News* estimates the cost for these patients alone will hit \$1 billion.

The improved quantity, quality and access to services in all areas has resulted in increased costs throughout the field of medicine. In addition, hospitals find themselves caught up in an inflationary spiral that makes all goods and services more expensive.

The problem is complex and cannot be resolved with simplistic answers. Inflammatory rhetoric about hospital costs only obscures the issues and serves to alienate providers of medical care.

In the cases of Medicare and Medicaid, the government pays hospitals less than it costs them to provide services. That leaves hospitals, and therefore the private-pay patients and their insurance companies, to pick up the tab.

One result: Morningside Hospital in Los Angeles went out of business this month. It fell victim to the basic economic law that it is impossible to survive by selling a service for less than it costs. At Morningside, a non-profit hospital, 83 percent of the patients came in under government programs. That left only 17 percent to pick up the tab. Morningside had reached the point of no return.

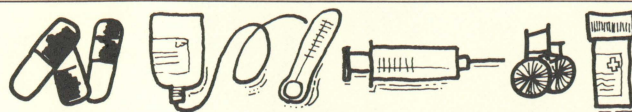
"The hospitals really doing a community service by serving the poor and elderly are going to go bankrupt," predicted Samuel Tibbits, president of the Lutheran Hospital Society of Southern California, which operated Morningside.

Yet, Gov. Brown calls the hospital business a racket. Some racket, when your biggest customer mandates services then pays only 70 to 85 percent of your actual costs of doing business.

It's no wonder that the hospitals are entering the legislative arena. It's our survival that is under discussion there.

We know, too, that the hospital costs that motivated those discussions are going to continue to rise unless inflation ceases and unless the public's demands for quality, quantity and access to medical care diminish. Neither is likely to happen. And so as long as government keeps promising the taxpayers more access and lower health costs, as long as regulation of hospitals seems inevitable, we have to work to shape the system or risk extinction, like Morningside.

And as for bringing hospital supporters to Sacramento or Washington, D.C. -- why not? If the Little Sisters of the Poor shouldn't contact their legislators, who should? Isn't that what participatory government is all about?



Higher Costs

Will you use more than your share?

If you smoke, drink excessively or are overweight it's likely that you will spend more than your share of time in the hospital. This observation came from a study by the Harvard Medical School in which researchers examined the medical records of 2,238 persons admitted to six hospitals in 1976.

Remarkably, 13 percent of the patients in the study had hospital bills so high that the total equalled the amount paid by the remaining 87 percent.

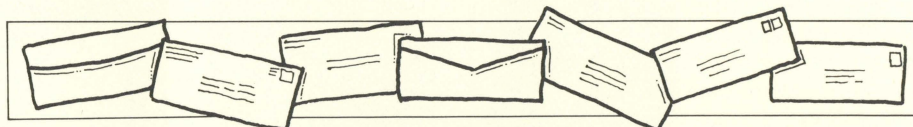
The expensive patients who made up the 13 percent had some things in common:

- They were more likely than were low-cost patients to have harmful personal habits such as smoking, drinking and obesity.
- They often required repeated hospitalizations for the same illness.
- They were more likely to encounter unanticipated complications during hospitalizations.

Poor health habits seemed to go hand in hand with lengthy and repeated hospitalizations. The solution to this apparent problem is prevention. In reporting the study, the New England Journal of Medicine recommended that preventative incentives be offered through insurance or by taxing items that contribute to poor health habits.

But why wait? The natural incentives for adopting healthy habits are easy to see: a longer, healthier life, less time spent in the doctor's office or in a hospital bed, and lower medical costs.

Surely those incentives are worth establishing a few good habits. Exercise, moderation in eating and drinking, no smoking and regular relaxation are the preventative keys to good health. We believe they are important because each person's health is a treasure to be nurtured. And a community's medical resources are too precious to take for granted. You don't have to use more than your share.



You can give a loving gift through ICH

There's something new inserted in your House Call this quarter. It's a remembrance envelope to make it easier for our friends to honor their friends through Intercommunity Hospital's development program.

The program is designed to help support our non-profit hospital with gifts, large and small, from patrons in the communities we serve. Gifts may be earmarked for some specific hospital improvement or piece of medical equipment, or they may be "non-designated" donations. These are used only for debt retirement and the purchase of capital equipment.

You may use the envelope to send your good wishes to a friend or family member by making the gift in his or her honor to Intercommunity Hospital. Or, you can express your sympathy and provide a living memorial by contri-

buted to the Remembrance Fund in his or her name.

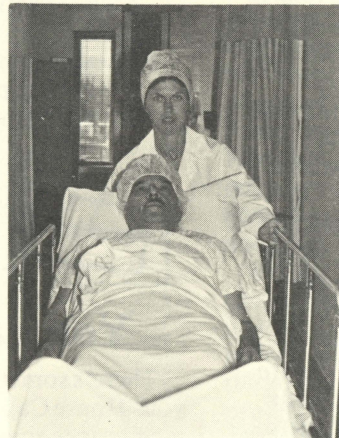
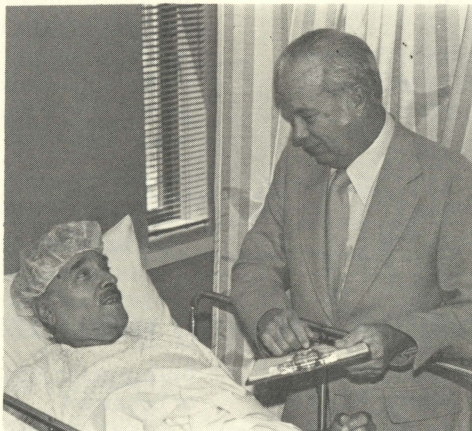
It's a thoughtful way to wish someone quick recovery or to celebrate a birth or birthday, anniversary or other special occasion. And it's a nice way just to say "Thank you".

Intercommunity Hospital will send an appropriate card to the person you name in telling of your gift, without mentioning the dollar amount. You will receive an acknowledgement of your tax-deductible gift.

Names of the honored person and the benefactor will be listed in the House Call. For more information, you can call the ICH Development Office at (707) 422-4155.



Ambulatory Surgery



A small program makes a big difference

Small is good, even in medicine.

Consider S. T. Vecchione's surgery. Vecchione, 67, is a retired teacher of English, music and counseling who came to Intercommunity one morning last month for a minor surgery. Because the hospital has a new small unit for such patients, Vecchione was home in his own bed by early afternoon, instead of spending the night in the hospital.

Everything about the Ambulatory Surgery Center (ASC) where he was cared for is small. It only takes up 600 square feet. Designed to hold five patients, it is comfortably staffed by just one nurse. The Center facilitates short hospital stays, an average of 5 hours. All of these "small factors" combine to shrink the patient's bill too. Instead of paying \$166 a day for a regular patient room, the average Ambulatory Surgery patient pays a total of \$39 for the accommodations.

Convenience, efficiency, patient safety and comfort are key factors in this program. It began for Vecchione when he visited the hospital briefly on the day before his surgery to get the hospital paperwork and necessary lab and

x-ray work out of the way. When he returned to the Center at 6:30 the next morning, all the preliminaries were over.

He was met there by the unit's nurse, Susan Daggett, R.N., who sees a major part of her job as doing patient education.

Susan discussed his surgery with him. The operation, scheduled for 8:30 a.m., was a cystoscopic exam. In this diagnostic procedure, she explained, the physician will insert a lighted tubular telescopic lens, called a cystoscope, to examine the urinary tract.

She made sure that he understood the written instructions provided by the Center and checked to confirm that he had not had anything to eat or drink since midnight so that anesthesia could be safely administered in surgery. The only paperwork left to sign was an authorization reminding the patient to call his doctor immediately if complications arise after he goes home and to not drive or drink alcohol for 24 hours after surgery.

Susan left her patient in a curtained cubicle to change into his hospital gown, which Vecchione referred to as "my dishwashing outfit". Then she was back to take his temperature and blood pressure and let him know that the anesthesiologist would be dropping by to discuss the type of anesthesia to be used in surgery.

"I don't want the patients to be surprised when someone new appears on the scene," Susan said. They're coming into a strange environment and don't know what to expect. I think that the teaching that goes on while we talk with each other can be very reassuring to patients."

"I ask them if they've ever been in the hospital before and if this is the first time they've had this procedure. Then we talk about what they can expect to happen... what they'll experience here and after they've gone home."

A rescheduled operation changed the surgery schedule the morning of Vecchione's visit, and so he waited an extra

hour before the gowned surgical nurse wheeled him down the hall to the Surgery Suite.

Once inside, though, things went quickly. "I didn't believe it all could happen so fast," Vecchione said. "One minute I was talking to the anesthesiologist and next I remember waking up in the Recovery Room looking up at a nurse. I had been in there for an hour and it seemed like five or ten minutes."

"They brought me back here to the Center and 15 minutes later I was sitting up in a chair eating a ham and cheese sandwich and drinking a glass of milk. I was starving. My wife was amazed that I was eating so soon."

Family members and friends of patients are welcomed in the ASC, and in fact the program requires that someone be on hand to drive the patient home.

"Except for the wait, Vec and I both thought that the whole thing went very smoothly," said Mrs. Vecchione, who stayed with him in the Center throughout the morning. "I think this is a really fine way to handle outpatient surgery. I would want to have it done this way too if I ever needed a minor operation."

"Vec couldn't get over how competent everyone was. The nurses made him feel confident, and they made me feel comfortable too."

By 1:15 p.m. Susan had taken his vital signs and logged them as stable. He'd eaten lunch and was on his way out the door with his wife.

"He felt so good," said Mrs. Vecchione, "I think he really could have driven himself home."

"I was a little woozy from the anesthetic later; it took a couple of days to get over that, and then I was fine," Vecchione said. "I felt like I was in good hands the entire time. There were no rusty spots in the whole thing."

"I think this is one of the best things the hospital's done," his wife added.

On the day of surgery, S. T. Vecchione signed an authorization form (top left). His wife, Joy, stayed with him in the Ambulatory Surgery Center. Susan Daggett, R.N., checked Mr. Vecchione's temperature (top right) and other vital signs before and after surgery.

At center, Anesthesiologist Dr. Frank Schnugg stopped by to discuss the type of anesthesia to be used, and Operating Room Nurse MaryLou Birmingham transported Mr. Vecchione, bed and all, to the Surgical Suite.

Following the procedure, he relaxed, (bottom), had a sandwich and soda and received instruction on his recuperation at home before leaving with his wife.

A gallant fight for life . . . the aftermath

By Marilyn Nevels

At 4:30 p.m. on a hot July weekend Beverly and Mike Brahm drove from Fairfield to Lake Solano with their children, Gretchen, 5, and Jason, 3. Since both Mike and Beverly work at Intercommunity Hospital, she as an LVN and he in Maintenance, scheduling time for a family outing took some effort. They were looking forward to a cooling swim and picnic supper.

As they rounded a bend on State Route 128 a mile west of the lake, they came upon the gruesome aftermath of a three-vehicle collision. The Brahms became personally involved and were deeply affected by the experience.

Moments ahead of the Brahms, a pickup truck had hurtled over a small station wagon and plunged into Putah Creek. A third auto had crashed into the station wagon, but its occupants were uninjured.

"There were a few people standing around doing nothing," recalled Mike. "Someone had gone to call an ambulance, so I asked if a nurse would help."

"From the look of the car, we could see it was bad," said Beverly, whose first thought was a silent prayer for the victims. "I don't know whether the other people there were frozen by the scene or just didn't know what to do. I used to carry a first aid kit in the car, but just hadn't gotten it together that day. I don't know whether it had been a premonition, but I'd almost grabbed my

stethoscope as we went out the door. I did throw a blanket in the car trunk."

Mike and Beverly told their kids to stay in the car and went to aid the couple in the crushed auto. Mike had learned cardiopulmonary resuscitation, and he and Beverly occasionally practiced it at home. They found a woman on the passenger's side trapped under the mangled car's dashboard.

"There was nothing we could do for her," said Beverly, so I went to help the driver. He was gasping for air and bleeding profusely. I was shaking so much, I could barely feel his pulse. CPR was impossible. He was bleeding internally and we needed suction equipment to clear his lungs. There was nothing I could do for him either."

"Every mother immediately reacts to an injured child as if it were her own"

Bev Brahm, LVN

"It wasn't until the father stopped breathing that we realized there was a baby in the car, buried under all their belongings when the back seat caved in," Beverly related. "You could see that the mother had taken such great care to pack warm clothing and favorite toys for the child. There was a cooler of food and a guitar, everything they needed for fun that day."

Mike tried repeatedly to yank the car door open to get to the hidden child they

could hear gurgling for breath through its blood-obstructed windpipe. Finally, he ripped the door open, nearly off its hinges, and they uncovered an 18-month-old girl. By then a passerby who was a Los Angeles fireman, joined the Brahms in their rescue effort.

The fireman began mouth-to-mouth breathing for the girl while Beverly massaged the child's heart. Beverly grew increasingly concerned about her own children amid arriving rescue vehicles, and Mike went to see how Gretchen and Jason were reacting to the scene. "They had already seen more than enough," Beverly said.

"The ambulance came 15 to 20 minutes after we got there," Mike recalled. "I wish it could have been sooner, but it had to come all the way from Winters. We kept hoping the baby would make it, but she seemed to get worse," he said, shaking his head. The Brahms learned later from the newspaper that the toddler hadn't survived. Four people had been killed that afternoon including the driver of the pickup truck, who had died instantly. By the time Emergency Medical Services and fire department rescue workers had cleared the crash area, the event had touched the lives of not only the families and friends who mourned the victims, but of the more than 20 people involved at the scene.

After the ambulance left, Mike and Beverly took their kids to the lake for a swim and tried unsuccessfully to unwind. Uppermost in Beverly's thoughts were her own children. "Every mother immediately relates to an injured child as if it were her own. My three-year-old,

Jason, kept saying, 'Mommy couldn't save the baby,' and asking why it had happened. We tried to answer their questions openly and honestly, but they didn't understand. Whenever Gretchen hears a siren, she asks if we should go and help."

"If a person is killed by a gun, there's all kinds of publicity, but we're too accustomed to death by automobile."

Fred Wold, CHP

We couldn't stop thinking about the accident," Beverly said. "I couldn't stop shaking and my knees were wobbly for hours. Neither of us could get to sleep until nearly 5 a.m."

"We kept asking ourselves if we could have done more or done something differently," Mike added. "I know now that there really wasn't much that we could have changed in this case, even if we had carried a first aid kit, it wouldn't

have helped. But this accident did make us more aware of how vital it is to be prepared. I just hope people will realize how important CPR is. This really showed us that you never know when you'll need it, maybe to save your own kids. What really brought it home for me," Mike said, "was to think, 'What if that baby had been mine?'"

The effects of being involved in a traumatic accident don't disappear overnight. In spite of the fact that Beverly was an experienced LVN who had performed CPR many times, seen patients die and had previously administered first aid at two other accidents, she was haunted by this one. "Mike and I had difficulty getting to sleep many nights after that. I had trouble letting go of all those feelings. The memories were very, very vivid. I felt panic every time I got into the car. I even called my best friend in Tennessee and made her promise to get a car seat for her daughter. We always strapped our kids in infant seats when they were babies, and we never let them ride in the front seat."

When Mike and Beverly returned to work the following Monday, they described the accident to co-workers because of "a need to ventilate those feel-

ings" and to urge friends to take more care when driving.

"I'm driving slower than I did before the accident," Mike said. "And some of the guys in Maintenance have said they're going slower, too. A few of us in the department have learned CPR and I'm trying to convince the others to take the course."

The Lake Solano accident was one of the string of multi-casualties stretching through the summer. According to the Office of Emergency Services records, a multi-casualty accident occurs on an average of every 45 days in Solano County. But this summer has been a disastrous one: In June there were four serious multi-casualty accidents, in July there were three, and in August, another four.

The four people killed near Lake Solano joined the dead who make up California Highway Patrol statistics. CHP Public Affairs Officer Fred Wold says that June is always a bad month for accidents, and that 1980 is following the pattern of previous years. Fewer accidents are predicted in July, followed by another upsurge in August as vacationers take to the highways before the school year starts.

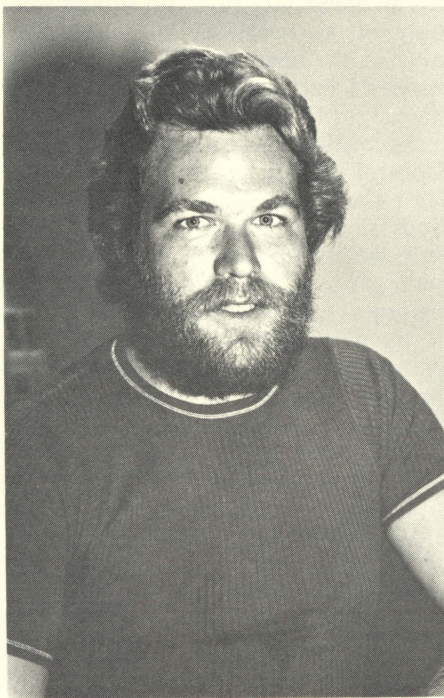
During 1979 Wold says that 5,503 people died in accidents in the state and 309,240 were injured, filling California's hospitals. Wold offers some preventative advice: "wear seatbelts because an estimated 60 percent of all injuries could have been reduced or eliminated if the victims had taken this precaution."

At Intercommunity Hospital employees have a first-hand look at the devastating results of auto accidents. "We're more aware of the physical damage and emotional repercussions than the general public who read about traffic accidents almost daily in the newspapers," observed ICH Community Services Coordinator Nancy Tubbs. "If people could come into our Emergency Room and see what goes on," said Head ER Nurse Nancy Meagher, "they'd never speed or take a drink and drive again."

According to Wold, whose job is to educate the public about highway safety, "People are too complacent about traffic deaths. If a person is killed by a gun, there's all kinds of publicity, but we're too accustomed to death by automobile."



Bev Brahm, LVN at Intercommunity talks about the devastating results of an auto accident and its effects on her family.



"We kept asking ourselves if we could have done more or done something differently," says Mike Brahm, ICH Maintenance Man.

LIFESAVERS

Heat...it's dangerous! Watch Out!

The heat wave that scorched Texas and neighboring states this summer took 1,200 lives, mostly the elderly and infirm. But heat illness can effect anyone.

In California on an 80-degree day a 41-year-old construction worker became ill from the heat. His condition went unrecognized by himself and co-workers until it was too late. His internal temperature was 109 degrees, and his heart and circulatory system had stopped before he received medical attention.

It was his first day back on a strenuous job after a long layoff, and the victim was unused to being out in the sun. When he began to feel bad, he unfortunately took refuge in a van where the temperature was hotter than the 80-degree heat outside.

Had the victim or his co-workers recognized the danger symptoms of heat illness, he could have gotten help in time. Knowing those warning signs could have saved his life.

To find out if your family is heat-proofed with good information about prevention and treatment for heat illness, you can take the quiz below. One hot summer day it could save a life.



Could
you
identify
heat
illness?

The three major types of heat illness in order of severity are: heat cramps, heat exhaustion or prostration, and heat stroke.

CRAMPS

The mildest form is heat cramps in the legs and abdomen. This condition is caused by rapid loss of salt in the system when someone exercises vigorously in high temperatures without consuming enough fluid. Drinking an electrolyte solution such as Gatorade cures the condition.

PROSTRATION

Heat prostration may occur when a person experiences several days of excessive heat without drinking enough liquids. This stresses the cardiovascular system, causing exhaustion, headache, giddiness, irritability, rapid heart-beat, nausea and vomiting. Heat exhaustion is treated by cooling the patient and administering fluids. A persistently high temperature and abnormal behavior may indicate the onset of the more serious heat stroke.

STROKE

The heat stroke victim may cease to sweat as the body's temperature soars above 106 degrees. The person's skin will be dry, hot, flushed or ashen, depending on the condition of the circulatory system. The heartbeat and breathing will be rapid. Heat stroke affects all neurological functions, and the victim's muscles may be rigid or limp.

Bizarre behavior such as combativeness can be evident, and the victim may experience a feeling of impending doom before going into convulsions, coma or heart failure.

TRUE or FALSE?

1. You shouldn't drink water while exercising.
2. Beer is a good thirst quencher on a hot day.
3. If you want to lose weight, wear a sweatsuit while jogging on hot days.
4. Your body tells you how much water to drink by making you thirsty.
5. Sweating always cools the body.

If you answered false to all of the above statements, you have a good chance of avoiding heat illness.

Fairfield internist Dr. Tracy Johnson, a veteran jogger, says that one of the worst, enduring myths is that athletes shouldn't drink during strenuous exercise. "When I ran the Hawaiian Marathon this year, we were encouraged to drink two glasses of water at every three-mile station along the 26-mile course.

After exercising in the heat a person may grab a couple of cold beers, but as good as it tastes, beer is not a good thirst quencher. Any alcoholic beverage will hasten dehydration.

"Another myth is that you'll lose

weight by sweating it off in a heavy jogging suit or plastic suit," says Dr. Johnson. "You may lose three or four pounds from running on a hot day but it's all water, not fat. You should wear only what's necessary and avoid running in the heat of the day because a runner's temperature goes to 102 degrees very fast."

According to the Center For Disease Control (CDC) in Atlanta, Ga., thirst isn't always a reliable indicator of the body's need. The CDC recommends that we increase our intake of fluids such as water, fruit and vegetable juices by one and one-half times what it takes to quench thirst. In very hot weather people who are obese, have large builds or who exercise strenuously should consume a gallon of liquid a day.

Most heat stroke occurs when the mercury climbs over 100 degrees, but other factors contribute. The cooling effect of the body's perspiration diminishes as humidity increases. Certain medications inhibit a person's ability to perspire. If you take diuretics ("water pills"), tranquilizers or medications for gastrointestinal disorders, ask your physician or pharmacist whether the drugs will predispose you to heat illness.

Those most vulnerable to heat stroke include infants, senior citizens, people with kidney or cardiovascular diseases, or illnesses which produce fever.

Your Gifts Help

Here are the names of the generous contributors whose gifts mean so much to the hospital and the communities we serve. Thank you for your caring help.

In Memory of / Gift of

MARGARET (BOBBIE) CLEVELAND
The Carlsbad Neighbors
Sarah and Sharon Monahan
Staff of Intercommunity Hospital
Mr. and Mrs. John Hoekman

ARTHUR PETERSON
Mr. and Mrs. Jack C. Keeler

EARL E. PIERSON
Henry Low
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Senior Citizens Club, Fairfield - Suisun

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NEW PLEDGES

Health Care Transportation
Alpha Health Services, Inc.
Friends of Carl F. Pullen
Sunday Big Book
Mr. and Mrs. Charles R. Cross
Margaret J. Beelard
The Standard Oil Company
United Way
Victoria Dickens
Sylvia Timmerman
Katy Wade
The Thursday Night Speaker Meeting

NEW FOUNDATION MEMBERS

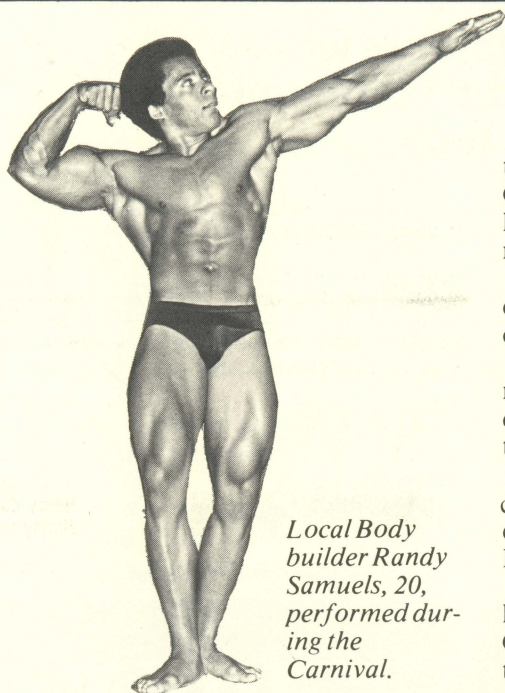
John Dembosz



After his successful campaign for a Fairfield City Council seat this year, Councilman Carl Pullen, his wife, Vi, and co-treasurer Martha Moore decided to donate the remaining campaign funds to Intercommunity Hospital. At right, when Margaret J. Beelard asked her neighbor Ann Anderson what the hospital really needed, Ann, an Operating



Room nurse said the OR crew gets mighty thirsty during lengthy surgical procedures. Mrs. Beelard, a long-time supporter of the hospital sent ICH a \$1,000 check to purchase a drinking fountain. After the fountain was installed, she donned a sterile scrub suit to try out the new fountain with Ann (right) in the surgical suite.



Local Body builder Randy Samuels, 20, performed during the Carnival.

We did it for good health

Booths and demonstrations by 28 local clubs, businesses and clinics attracted more than 300 participants to Intercommunity's first Good Health Carnival in June. Carnival-goers went to the Vacaville Community Center to learn how to reduce, relax, revitalize, energize, exercise and stay healthy, making this a very lively community event.

About 50 people signed up for Vacaville Recreation programs during the event, and another 50 registered to take cardiopulmonary resuscitation (CPR) classes.

Visitors took the opportunity to examine health and exercise items including roller skates, trampolines, bicycles and weight lifting equipment. Booths and demonstrations featured relaxation exercises, several kinds of dance, nutrition, community health, family planning and more.

The Carnival's sponsors donated dozens of healthy door prizes, and Intercommunity gave away apples for everyone. But the apples didn't keep the doctors away. Local family practitioners Jana Boyce, Gary Stein and Ronald Rushford were there to evaluate visitors' health hazard appraisal results.

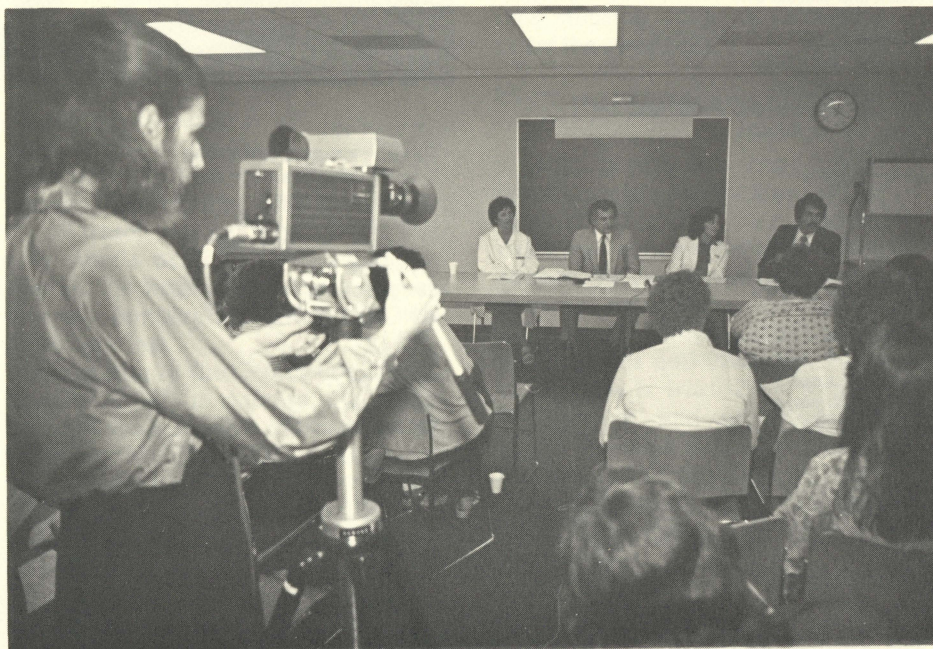
"We hoped to bring together all the local resources to show people how to have fun staying healthy," said one Carnival organizer, Nancy Tubbs, ICH Community Services Coordinator. "It was so successful that many of the groups that participated think we should do it again."

We work and learn

Going to work often means going to classes for Intercommunity employees. Called "inservices", the hospital's educational programs are organized by the two members of Intercommunity's Staff Development Department Educator Sylvia Fietze and Assistant Roberta King.

The inservice at right, which was videotaped for repeat use, wrapped up a film series on the legal aspects of providing patient care. Attorneys David Luchessi and Luis Villarreal joined ICH Nursing Director Alison Esparza and Mrs. Fietze for the session called "Everything You Wanted to Know, But Couldn't Afford an Attorney."

Nearly 600 employee-hours were devoted to the 57 educational programs presented by the hospital in August alone.



**intercommunity
hospital**

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House Call

House Call is published quarterly for the friends and employees of Intercommunity Hospital, 1800 Pennsylvania Ave., Fairfield, California. Address inquiries to the Community Services Department.

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